

# Early Learning Resource Center Region 8

## For Centre, Juniata & Mifflin County Residents

2565 Park Center Blvd., Suite #100  
 State College, PA 16801  
 Phone: (814) 231-1352  
 Toll free: (888) 440-2247  
 Fax: (570) 988-4454

## For Northumberland, Snyder & Union County Residents

65 Queen Street, Suite #100  
 Northumberland, PA 17857  
 Phone: (570) 988-4452  
 Toll Free: (866) 698-2247  
 Fax: (570) 988-4454

E-mail: [elrc@elrc8.org](mailto:elrc@elrc8.org)

### Domestic Relations Contact Form and Child Support Verification

**Client Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

*You must complete one sheet for each absent relative/non-custodial parent. If there are three non-custodial parents, you will need to complete one sheet for each parent. Please make sure you sign the bottom before sending this to Domestic Relations **OR returning to the ELRC office to send on your behalf.***

Child Name	Date of Birth	Non-Custodial Parent Name

I have a private support arrangement with the Non-Custodial Parent. I have included a copy and proof of payments received for the most recent six week period.

#### This Portion Must Be Filled Out By The Domestic Relations Office

**Please check all that apply:**

- The above named client is cooperating with Domestic Relations in obtaining child support for each of his/her children
- The above named client is not cooperating with Domestic Relations in obtaining child support for each of his/her children
- The above named client has an existing court order with Domestic Relations.

If checked, please provide the following information:

Are payments to the above named client regular? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date of last payment issued \_\_\_\_\_ Amount of Last Payment \_\_\_\_\_

Payment Cycle:  Weekly  Bi-weekly  Semi-monthly  Monthly

Date of Court Order: \_\_\_\_\_ Date Last Reviewed: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
**DRS Caseworker's Signature**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_, do hereby give Domestic Relations and the Early Learning Resource Center-Region 8 permission to share information that will assist either program in determining eligibility or benefits.

\_\_\_\_\_  
**ELRC Client's Signature**

\_\_\_\_\_  
**Date**